

a plan that would first present to able secondary school and college students a picture of the great opportunity they could have for the best use of themselves in the profession of medicine, and then would encourage outstanding college students with a sincere interest in a career in medicine to apply for designation as A.M.A. scholars. Some 250 honor scholars would be chosen each year. Besides the honor of being among the elite so designated, the needy among them could qualify to receive A.M.A. scholarships in the form of non-refundable grants of a thousand dollars a year for four years in medical school. It is anticipated that the A.M.A. would make available \$50,000 for such awards the first year, \$100,000 the second, \$150,000 the third and \$200,000 the fourth year and thereafter.

Obviously not all of the honor scholars will need the money award, nor will the money be of paramount importance to either the students or to the uses to which the medical profession can put this part of the plan.

Of far greater importance is the esprit de corps that can be developed among the recipients of the honor. More, the opportunities that representatives of medicine will have to deal with educational leaders, with faculty advisors and with the under-

graduates themselves in the description and administration of this program should be very helpful in the recruitment of the exceptional students needed to extend the advances of medical science.

It is to be hoped that the action of the A.M.A. will stimulate other medical organizations—state and county societies, for example—to give local support to the A.M.A. plan or to devise their own programs to be used in their own communities for recruitment of students of high standing. They might well find ways to provide counsel and preceptorship for local young people who are good candidates for medical education. Perhaps even nonmedical community service clubs will give special attention to students of their community who are chosen as A.M.A. honor scholars.

One unimportant but pleasant dividend that comes from the A.M.A.'s action is that it gives rest to the slander, still occasionally heard, that the practitioners of medicine seek to limit the number of new physicians.

Quite apart from the results to be expected of this program adopted by the House of Delegates, the medical profession can take warm pride in the fact that it has acted in its traditional acceptance of a substantial share of the responsibility for the recruitment and education of its successors.

Letters to the Editor...

Your editorial, Relative Value Study, in the October issue of CALIFORNIA MEDICINE, properly gives all due credit to the California Medical Association's major role in promulgating, demonstrating, and disseminating this sensible and important way of relating physician's fees for various services to one another.

Your members who worked out the original 1956 schedule may recall that a fairly complete relative value schedule drawn up by a committee of the Hawaii Medical Association in 1948, under the chairmanship of Dr. Steele F. Stewart, was given to Dr. William L. Bender in San Francisco for such use as the California Medical Association might wish to make of it. It had already been printed, but the Honolulu County Medical Society had achieved a

sort of immortality by rejecting it on October 29, 1948, by a vote of 45 to 4, with 45 abstaining. It was rejected not on its merits but as a consequence of an internecine quarrel.

The schedule, which was the brain child of Dr. Stewart, was formulated by a committee consisting of Drs. F. J. Pinkerton, Joseph E. Strode, Joseph Palma and Louis Gaspar. It expressed all fees in relative unit values, with a conversion factor which was intended to rise with the federal cost-of-living index.

As someone has said: Nothing is more powerful than an idea which is expressed at the right time.

Sincerely yours,

HARRY L. ARNOLD, JR., M.D.

Honolulu